Appendix 12

Anonymised Need And Risk Assessment of Residents of Greenacre Older Persons Home

1. The Council has given serious consideration to the impact upon residents of any decision to close Greenacre Older Persons Home. In light of this, a social worker has assessed the risks associated with a move to a new home for each of the 20 remaining residents at Greenacre Older Persons Home between 8th December 2015 and 15th January 2016 to establish the potential impact of the move on individuals if the home were to close. It is important to note that the risks referred to in this document solely relate to additional risk to each resident which would result from a relocation. If the Executive does approve the recommendation to close Greenacre Older Persons Home then at that point an updated care and support needs assessment of each resident would take place.

2. It is widely recognised that the following factors increase the vulnerability of residents when considering relocation:
   a) complex physical health needs
   b) high Waterlow score (This refers to the risk of skin breakdown which is exacerbated by incontinence and immobility. A high Waterlow score increases the risk of pressure sores)
   c) high MUST score (This refers to the risk of inadequate nutritional and weight loss)
   d) concerns regarding Body Mass Index
   e) moving and handling risks
   f) sensory impairments
   g) risk of Urinary Tract Infection (UTI, which increases confusion)
   h) whether the resident had a recent deterioration in health
   i) whether they had the capacity to choose where to move to
   j) anxiety/depression/diagnosis of dementia and confusion
   k) risk of isolation
   l) behavioural concerns
   m) concerns of health professionals

3. These risk factors have been used to form the basis of a risk assessment template which has been completed for each resident by a social worker. Each resident was personally involved and views were also sought from their family and appropriate health professionals. The residents were given a risk score of low, medium or high for each risk factor and then mitigating measures were identified to minimise the risks and a new risk score was generated based on these mitigating measures being in place.

4. The table below is an anonymised breakdown of the individual risk assessments of the residents in Greenacre Older Persons Home. Each number (1-20) refers to an individual resident. The table also shows all the mitigation measures to be considered for each risk factor but those used for each resident if a there is a decision to close would be tailored to their personal circumstances and their needs.

5. Prior to identifying mitigating measures, one of the residents was assessed overall as being at high risk, 17 at medium risk and two at low risk. The proposed

mitigation measures outlined below are intended to act as a protection to the residents' health and well being, prior to, during and following a move. With the mitigation measures in place, it is estimated that there will be risk reductions to all those people with high and medium scores. Following mitigating actions it is estimated that none will be at high risk, one will be at medium risk and 19 will be at low risk.

6. This is not to say that circumstances of individuals cannot change. The physical and mental well being of all residents and the risks associated with the move will continue to be monitored prior to and in the months following a move. The welfare of residents will continue to inform decisions about the relocation process.

Appendix 12

Risk Factor	Mitigating Measure	Risk Level for each resident if all relevant mitigation measures undertaken (L = Low, M = Medium or H = High)																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Complex physical health needs	• Any deterioration in resident's health to be reported by the current home manager to the GP for the GP to investigate prior to move. • For residents whose health is a concern the GP is to advise whether they are stable/safe to be moved. • Care needed when moving residents so not to increase pain. GP's advice to be sought regarding pain management where required. • Medication and patient summary to be transferred with resident on day of move. • Resident to be registered with new GP on day of move. • For residents that are incontinent ensure incontinence pads are worn during the move and the correct incontinence pads are available in the new home. • For residents with blood pressure problems ensure that blood pressure is measured prior to the move and immediately following the move. Advice from GP to be sought if outside the normal range for that individual. • Staff in new home to be made aware through detailed care plans of complex health needs and these to be monitored regularly.	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**
High Waterlow score?	• Continue monitoring skin integrity and ensure barrier creams are used when appropriate. • A new assessment for pressure relieving equipment to take place prior to the move by the OT/Community Matron. • Community Matron to give advice on specific treatment regarding pressure sores. • Pressure relieving equipment and barrier creams required by the individual to be in place for transporting to new residence. • Incontinence pads to worn during the move and be in situ in new residence prior to or on transfer.	**M**	**L**	**M**	**L**	**L**	**M**	**M**	**L**	**M**	**M**	**M**	**M**	**M**	**L**	**M**	**M**	**L**	**M**	**M**	**M**
High MUST score?	• Any sudden decrease in weight prior to the move to be flagged up with the GP for advice. • For residents that are at risk of weight loss, staff in the new home to continue to monitor the resident's food and fluid intake and weight. Provide with nutritional supplements if required and inform GP if there is further decline. • Where required, staff in the new home to continue to prompt residents with eating and drinking to ensure proper nutritional intake. • Recommendations from the SALT (Speech and Language Team) to be put in place and incorporated into the new care plan where there are concerns regarding resident's ability to swallow. • New home to be made aware of the any specific dietary requirements of residents, such as diabetes. • New home to be made aware of current needs- e.g. soft diet, Complan and continue with this to reduce nutritional risks. • Staff in new home to be made aware of dietary preferences and dislikes**.** Residents to be involved in discussing their preferences with new staff, where possible.	**L**	**L**	**L**	**L**	**L**	**L**	**M**	**L**	**L**	**L**	**L**	**L**	**M**	**L**	**L**	**L**	**L**	**L**	**L**	**L**
Concerns re. BMI?	• Staff in the new home to continue to monitor BMI of resident where this is a concern. • Any concerns about weight loss to be reported to the GP/dietician. • Referral to dietician if BMI increases into the overweight or underweight category.	**L**	**L**	**L**	**L**	**L**	**L**	**M**	**L**	**L**	**L**	**L**	**M**	**M**	**L**	**M**	**L**	**L**	**M**	**L**	**M**
Mobility risks: falls/non weight bearing?	• A full Occupational Therapy (OT) risk and moving and handling assessment to take place prior to the move. This will inform any equipment needs to transfer residents to the new residence and equipment needed in the new home. • Physiotherapist to be involved in assessing mobility and ongoing physiotherapy requirements as appropriate prior to move • Equipment (e.g. hoists, safety mats) to be in situ in the new home prior to transfer. • Staff in the new home to familiarise residents with their new environment to help minimise confusion and the risk of falls. • Measures need to be in place within the home to minimise risk of falls on stairs etc. whilst retaining freedom of movement. • Resident to be facilitated to continue with daily routines and exercise following the move to help retain muscle strength and independence**.**	**M**	**L**	**M**	**M**	**L**	**M**	**M**	**L**	**L**	**L**	**M**	**M**	**L**	**M**	**L**	**L**	**L**	**L**	**L**	**M**

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	• OT to review equipment following the move to ensure that it is meeting the resident's needs.																				
Visual impairment?	• In preparation for the move, enlarged photos could be provided of the staff, room and shared areas in the new home. • For residents that wear glasses ensure that their glasses are transported with them on the day of transfer. • Staff and family to provide extra reassurance to residents with limited vision during the transfer to the new home. Reassurance could come through explaining what is happening as it happens. • Once in the new home, staff should help residents with impaired vision to familiarise themselves with the layout of the new building. • Residents with limited vision to have their room layout as similar as possible to their current room.	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Hearing impairment?	• New home to be aware of the residents that are hearing impaired. • On the day of relocation, staff and family to explain to residents with hearing impairments what is happening and ensure they can hear them. • New home to be aware of residents that require them to adapt how they communicate with them to ensure that the resident can hear and understand them. • Ensure that all residents that use hearing aids have their hearing aids in and operational on day of move and that spare batteries go with them to new residence.	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
History of Urinary Tract Infection (UTI)? Current UTI?	• Staff to continue to monitor for UTI in all residents, but especially for those susceptible to UTIs. • No relocation to take place if a resident has a UTI until treatment has been completed to minimise distress and confusion. • Staff in the new home to continue to ensure that residents that are susceptible to UTIs are hydrated and to regularly monitor for UTIs.	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Has the resident's health deteriorated recently?	• For residents whose health is a concern, the GP is to carry out a full medical assessment prior to move to advise whether residents are medically stable to be moved. • Staff to continue to monitor resident's health and GP to be informed if sudden deterioration in health.	M	L	L	L	L	L	M	L	L	L	L	M	L	L	L	L	L	L	L	L
Has the person capacity to choose where to move?	• A Mental Capacity assessment to be carried out for all residents with regards to the move. • If it is deemed, following a Mental Capacity assessment, that a resident does not have capacity to choose where to move (even with support), a decision will need to be made in their best interests with the involvement of family, where possible. An Independent Mental Capacity Advocate (IMCA) may need to be appointed if a resident does not have capacity to choose where to move and there are no family involved who can support with decision making. • A Deprivation of Liberty Safeguards (DoLS) authorisation will need to be requested by new home if a resident lacks capacity. • Residents that have capacity to decide where they move to are to be given information about alternative residencies and to be supported by staff, social worker and next of kin/ family members (where appropriate) in making informed choices. • Wherever possible resident's views about the move (when and how it should take place, their belongings etc.) should be sought and included in the preparation to move, to help them retain control and independence over their new environment. • Resident's and relative's views should also be sought following the move so that any issues can be resolved.	M	L	L	L	L	M	M	M	L	L	M	M	M	L	M	L	M	M	M	M
Complex mental health needs e.g. Anxiety	• Staff to continue to monitor resident's mood prior to and particularly within the first 3 months of the move (when residents are most vulnerable). • Care planning needs to include how staff currently manage resident's needs and reassure them. • Ensure residents are kept informed and involved in decision making about the move as far as possible.	M	M	L	M	M	M	M	M	L	L	M	M	M	M	M	M	M	L	M	M

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depression paranoia dementia confusion	If they are confused, speak to them again at another time of day/on another day. • Provide photos in advance of the new staff and the new home to try to familiarise residents with them prior to the move. • Residents to meet staff from new home in advance so they become more familiar with them which could help reduce anxiety. • Residents could benefit from a keyworker from the new home to bond with. • A slower approach may be needed for anxious residents to give them more time to bond with new staff. • New staff could be involved in completing lifestory work to help resident bond with them. • Family or a familiar staff member to accompany residents to the new residence. • Staff from the new home to be made aware of resident's routines and what affects their moods. • Where possible residents to be involved in choices about their room, how they would like it, who they would like to meet up with and activities they would like to be involved in. • Reassurance could come from laying out a resident's new room in familiar way. Having access to music/TV programmes they like or items of comfort in the new home. • Advice to be sought from the psychiatrist/mental health professionals regarding how to manage resident's anxiety if it becomes a concern.																				
Behavioural Concerns?	• On the day of the move, additional time to be given to staff to carry out resident's personal care and to prepare them for the move. Staff to explain to residents what is happening and to reassure them. • Family member or familiar staff member to go with residents on day of the move in case they become distressed during the move. • Staff in the new home to provide consistency of routine, as far as possible, to minimise distress. • Staff in new home to be aware of strategies employed by staff in existing home to manage behavioural concerns of residents. • Staff to monitor if there are any changes in behaviour immediately prior to the move or following the move which will need support/addressing. • The development of any behavioural concerns prior to or immediately following the move to be flagged up with health professionals.	**L**	**M**	**L**	**L**	**L**	**L**	**M**	**L**	**L**	**L**	**M**	**L**	**M**	**L**	**L**	**L**	**L**	**L**	**L**	**M**
Risk of isolation as a result of the move?	• New care staff to meet residents prior to moving. • To alleviate stress, someone familiar should go with residents on the day of the move and immediately after. • Enable residents to move together if they wish to and it is safe to do so. • Lifestory work should be undertaken to identify resident's interests and new staff should try to incorporate these into the daily routines of residents as far as possible. • Staff at the new homes should facilitate residents that are at risk of isolation to meet other residents at the home. • Residents should be encouraged to be involved in social events at the new home and to participate, where possible, in activities that they like. • Continuing activities the residents enjoy in the new home will help to promote familiarity. • Staff could engage in one to one activities with residents if they do not like to be in large groups.	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**M**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**
Are there concerns from health professionals regarding the move	• For residents whose health is a concern the GP is to carry out a full medical assessment prior to move to determine whether residents are physically stable enough to be moved. • Resident's physical and mental well being to continue to be monitored by staff and health professionals prior to and in the months following the move.	**M**	**M**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**
Any other		**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**

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